

# RESIDENTIAL INSPECTION CHECKLIST

MHD Permit # \_\_\_\_\_

Permit Posted On Job Site

YES NO

Installation Site Address \_\_\_\_\_

Manufacturer \_\_\_\_\_ Year \_\_\_\_\_ Size \_\_\_\_\_

Serial # \_\_\_\_\_ HUD # \_\_\_\_\_

## EXTERIOR

Foundation (signed off) ☐ Footings (signed off) ☐  
 Pads: Wood ☐ Concrete ☐ ABS ☐  
 Piers: Block ☐ Steel ☐ #Main \_\_\_\_\_ #Mating \_\_\_\_\_  
 Frames Bonded ☐ Vapor Barrier ☐ Air duct ☐  
 Perimeter Piers \_\_\_\_\_ Perimeter Wall ☐ Mud sill ☐  
 Lateral ties \_\_\_\_\_ Long Ties \_\_\_\_\_  
 Bracing system \_\_\_\_\_  
 Dryer Vent: Rigid Smooth ☐ Correct slope ☐  
 Ventilation ☐ Insulated Skirting ☐

## WATER SYSTEM

3/4" Sched 40 ☐ Supported ☐ Flexible Install ☐  
 Valve ☐ Anti-Siphon ☐ Cross-over Insulated ☐  
 Water System Pressure Test (30 - 80 psi) \_\_\_\_\_  
 Water Runs at all Faucets ☐  
 Hot and Cold on Proper Sides ☐ Expansion Tank ☐

## DRAIN SYSTEM

Flex Coupler ☐ 4' Support ☐ 1/4" Slope ☐  
 Drain Test (leaks) ☐ Glued Connections ☐

## WATER HEATER

Gas ☐ Electric ☐  
 Gas Valve ☐ Flex Line ☐  
 Rated for Home ☐ Secured to Home (X2) ☐  
 Press. Release ☐ Overflow Pipe ☐ Pan ☐  
 Vent Top/Bottom ☐ Fire Stop ☐ Holes Sealed ☐

## GAS SYSTEM

Inlet Size \_\_\_\_\_ Coupling Material \_\_\_\_\_  
 Rigid Support ☐ 4' Strapping ☐  
 Gas line Grounded ☐ Valve ☐ Flex ☐  
 Lo Pres. Test: Begin \_\_\_\_\_ End \_\_\_\_\_  
 High Pres. Test: Begin \_\_\_\_\_ End \_\_\_\_\_

## CONNECTIONS *(Exterior)*

Ridge Beam Connection (3/8" Dia. Lag Screws)  
 24" O/C ☐ 45 max ☐ Staggard ☐  
 Floor Connection (3/8" Dia. Lag Screws)  
 24" O/C ☐ 45 max ☐ Staggard ☐  
 End Walls (#8-4" Screws)  
 16" O/C ☐ 3" Penetration ☐

## ELECTRICAL *(Service)*

Conduit Type \_\_\_\_\_ Main Breaker \_\_\_\_\_  
 Wire Size AL / CU \_\_\_\_\_ A/C Breaker \_\_\_\_\_  
 Disconnect 30' ☐ Grounded ☐ 3' Flex ☐  
 L A H J Const. Power ☐

1) First Inspection

Inspectors Initials: \_\_\_\_\_

Date: \_\_\_\_\_

2) Second Inspection

Inspectors Initials: \_\_\_\_\_

Date: \_\_\_\_\_

3) Third Inspection

Inspectors Initials: \_\_\_\_\_

Date: \_\_\_\_\_

# RESIDENTIAL INSPECTION CHECKLIST (continued)

DATA PLATE INFO	APPLIANCES
<b>Location</b> _____ <b>AC Duct size</b> _____ <b>Plant #</b> _____ <b>Manuf. Date</b> _____ <b>Roof Load</b> _____ <b>Climate Zone</b> _____ <b>Set-up Manual for Home</b> <input type="checkbox"/> <b>HUD # Confirm</b> <input type="checkbox"/> <b>Formaldehyde Notice</b> <input type="checkbox"/> <b>Serial # Confirm</b> <input type="checkbox"/> <b>All Install Instructions</b> <input type="checkbox"/> <b>Adendums</b> <input type="checkbox"/>	<b>STOVE:</b> <b>Gas</b> <input type="checkbox"/> <b>Electric</b> <input type="checkbox"/> <b>Valve</b> <input type="checkbox"/> <b>Flex</b> <input type="checkbox"/> <b>DRYER:</b> <b>Gas</b> <input type="checkbox"/> <b>Electric</b> <input type="checkbox"/> <b>Valve</b> <input type="checkbox"/> <b>Flex</b> <input type="checkbox"/> <b>Furnace:</b> <b>Gas</b> <input type="checkbox"/> <b>Electric</b> <input type="checkbox"/> <b>Valve</b> <input type="checkbox"/> <b>Flex</b> <input type="checkbox"/> <b>Rated for Home</b> <input type="checkbox"/> <b>Fire Stopped</b> <input type="checkbox"/>  <b>All Appliances work</b> <input type="checkbox"/> <b>Smoke Detectors</b> <input type="checkbox"/>
CONNECTIONS <i>(Interior)</i>	ELECTRICAL <i>(Distribution Pannel)</i>
<b>Interior Walls:</b> <b>Connected</b> <input type="checkbox"/> <b>Gasket</b> <input type="checkbox"/>  <b>Roof Connection:</b> ( Hinged Roof Only ) <input type="checkbox"/>  <b>Interior Connections:</b> Closed/Covered <input type="checkbox"/> <b>Exterior Connections:</b> Closed/Covered <input type="checkbox"/>  <b>Roof Connections:</b> Closed/Capped <input type="checkbox"/>	<b>Main Brkr. Size</b> _____ <b>A/C Brkr Size</b> _____ <b>All Switches (ON)</b> <input type="checkbox"/> <b>Ground Bond</b> <input type="checkbox"/>  <b>Isolated Neutral Continuity Test:</b> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/> <b>Grounding Continuity Test:</b> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/>  <b>GFI/Polarity Test All Outlets:</b> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/> <b>Dialectric Test</b> <input type="checkbox"/> <b>4 Prong Dryer</b> <input type="checkbox"/>  <b>All Electrical Works:</b> <input type="checkbox"/>
EGRESS / EXIT OPERATION	FIREPLACE
<b>WINDOWS:</b> <b>Function</b> <input type="checkbox"/> <b>Rated</b> <input type="checkbox"/> <b>Stairs</b> <input type="checkbox"/> <b>Porch / Landing</b> <input type="checkbox"/> <b>Guardrails</b> <input type="checkbox"/> <b>Handrails</b> <input type="checkbox"/>  <b>DOORS:</b> <b>Function</b> <input type="checkbox"/>	<b>Rated for Home</b> <input type="checkbox"/> <b>Hearth: 16"</b> <input type="checkbox"/> <b>Side: 8"</b> <input type="checkbox"/> <b>3-2-10 Chimney</b> <input type="checkbox"/> <b>Spark Arrester</b> <input type="checkbox"/>  <b>Combustion Air</b> <input type="checkbox"/>

NOTES:

CORRECTIONS: